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PLEASE DELIVER THE ATTACHED OFFICIAL SECOND SUPPLEMENTAL PRELIMINARY AMENDMENT TO
EXAMINER RALPH GITOMER, ART UNIT 1651 FOR APPLICATION NO. 10/658,609, FILED: September 8, 2003.

Ref: 6270-705.501

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PAGE 1/16 * RCVD AT 9/8/2005 2:15:10 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/34 * DNIS:2738300 * CSID:650 493 6811 * DURATION (mm-ss):04:46

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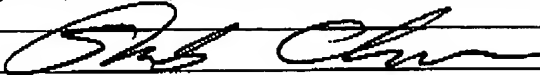
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/658,609
		Filing Date	September 8, 2003
		First Named Inventor	James F. Hainfeld
		Art Unit	1651
		Examiner Name	Ralph J. Gitomer
Total Number of Pages in This Submission	15	Attorney Docket Number	6270-705.501

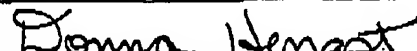
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (with 1 copy) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Second Supplemental Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Shirley Chen, Ph.D., Reg. No. 44,608, WILSON SONSINI GOODRICH & ROSATI		
Signature			
Date	September 8, 2005		

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Donna Hengst		
Signature		Date	September 8, 2005

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No. 1749 P. 3
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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> <h2 align="center">FEE TRANSMITTAL</h2> <h3 align="center">for FY 2005</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/658,609
TOTAL AMOUNT OF PAYMENT (\$) 625.00		Filing Date	September 8, 2003
		First Named Inventor	James F. Hainfeld
		Examiner Name	Ralph J. Gitomer
		Art Unit	1651
		Attorney Docket No.	6270-705.501

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
68	- 43 or HP = 25	x \$25.00	= \$625.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 or HP =	x	= \$0			
HP = highest number of total claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 44,608	Telephone 650-493-9300
Name (Print/Type) Shirley Chen, Ph.D.	Date September 8, 2005	

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Attorney Docket No.: 6270-705.501

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
James F. Hainfeld)	Confirmation No. 2535
Application No. 10/658,609)	Group Art Unit: 1651
Filed: September 8, 2003)	Examiner: GITOMER, Ralph J.
For: ENZYMATIC DEPOSITION AND)	Customer No. 021971
ALTERATION OF METALS)	

SECOND SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Introductory Comments:

Prior to examination of the above-identified patent application on the merits, please amend the application as follows:

Amendment to the Claims begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

09/09/2005 ZJUHR1 00000050 232415 10658609

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